

in response - Doctors' position: Chief of staff elaborates

Gulf Islands Driftwood Published: February 09, 2011 10:00 AM

By DR. SHANE BARCLAY

It seems that the Jan. 19 letter to the editor signed by many of Salt Spring's doctors regarding general surgical services has created a lot of consternation. I would like to take this opportunity to address and clarify some of the recurring inaccuracies and misinformation. For brevity it will be in point form.

1. In their letter, "the doctors didn't offer one single reason why they agree with the operating room closure" — because the reasons are all clearly outlined in the May 2010 Salt Spring Island Health Review. Full text is online at: www.viha.ca/about_viha/news/publications/ssi_health_review.htm.

2. The OR — which has not closed and which continues to be used on a regular basis for endoscopy and other procedures and which continues to benefit the community — is no longer "brand new" nor "state of the art." The OR was built in 2004. Medical equipment and technology that is more than about six months old is really no longer "state of the art." These terms are not applicable in the current discussions.

3. No single area of any hospital is, or should be, considered the "hub," without which all else would fail. All the components of a hospital work in concert with each other to function. Salt Spring has not had general surgical services now for over two and a half years. The hospital is working just fine.

4. What happens if we have a "trauma" and there is no general surgeon?

In fact, serious trauma cases would virtually never go to the OR without a CT scan of the abdomen/chest first. Trauma surgery requires a well-stocked blood bank and an ICU (intensive care unit) to care for the patient post-operatively. Salt Spring has no CT scanner, a minimal blood bank and certainly no ICU.

For those reasons, trauma surgery has never been done on Salt Spring and never should be.

Reassuringly, though, a large part of Salt Spring doctors' continuing education is in stabilizing trauma patients and getting them quickly off to a trauma centre.

This is the standard of care all across Canada. Ambulance paramedics can initiate an AutoLaunch response where they can call a helicopter to the scene of an accident to transport injured patients to an appropriate trauma centre that can treat them as quickly as possible. So given our proximity to Victoria and Vancouver, Salt Spring residents have historically been — and will continue to be — well served here.

5. It keeps being said that it is such a "hardship" in convenience and even "traumatic" to go off island to see a general surgeon.

Each year, dozens of patients leave Salt Spring for emergency and elective angiography, cataract surgery, joint replacements, etc., as well as CT and MRI scans, nuclear medicine tests, MIBI scans, bone density, nerve conduction studies; and consultations with a cardiologist, endocrinologist, rheumatologist, dermatologist, respirologist, neurosurgeon, orthopaedic surgeon, otolaryngologist, gynaecologist, obstetrician, cardiac surgeon, geriatrician, haematologist, oncologist, infectious disease specialist, nephrologists, geneticist, ophthalmologist, urologist, paediatrician, plastic surgeon, thoracic surgeon or vascular surgeon.

It is no more hardship or inconvenience to leave the island for general surgery than it is for the many hundreds of specialist services for which islanders already leave.

The availability of specialists has fluctuated greatly over the years, not because we do or don't have an OR, but rather just the nature of semi-retiring specialists, doctors moving, etc.

6. There has been much discussion about a “memo” from within Lady Minto Hospital in 2008 supporting surgical services. Here is the background. In the early spring of 2008 at a medical staff meeting, a motion was made to have LMH conduct an internal review of surgical services.

The result was that the majority of the committee members felt it was important to try to maintain at least some form of surgical services.

In the following months, however, after we advertised for a replacement surgeon, some six or seven prospective recruits all concluded that having surgical services on Salt Spring was not viable and not in the best interests of patient safety and so none elected to come here. The views of these surgeons were in fact born out in the Salt Spring Health Review.

To put this in context, would any patient requiring say a mastectomy or bowel surgery want it done by a surgeon who has done two or three of these procedures in the past year, or by a surgeon who does two of these per week, every week, for the past year?

7. The money that was raised in the best of faith and intentions by our very generous community to build the OR will continue to benefit the community in the years to come. The major expenditures went to the construction of a new addition to accommodate the OR, to purchase anaesthetic machines and to buy endoscopy equipment — and all of these are still being used.

Gastroenterologist Dr. John Morse comes to Salt Spring one full day each week to do endoscopies. He uses the endoscopy equipment, does the procedures in the OR space and the anaesthetic machines are there on standby to be used as needed. Up until recently, endoscopies were only being done every other week. Dr. Morse’s wait list was getting so long that VIHA’s CEO, Howard Waldner, allocated additional funding in order to do endoscopies one day each week — that’s double the time!

So any notion that the OR space sits idle or is closed is simply not true. We are very hopeful that this funding will continue as this is a service that is obviously needed on Salt Spring.

8. The Kings Lane Medical Clinic is a physicians’ office that was privately built, primarily for family practitioners. The clinic has recently attracted two new family doctors to the island. Dr. Morse also rents space at this clinic. The website has information on endoscopy, bowel prep information and video links to endoscopy. The clinic was approached by an otolaryngologist (ears, nose and throat specialist), who now does clinics two days per month. He has not done surgery for many years, so for him, not having an OR was not an issue.

In addition, Kings Lane Medical is now a base for a plastic surgeon who comes one day a month to perform a number of procedures, like removal of skin cancer, hand surgeries, etc. Since most plastic surgery is done on a daycare basis, the procedures can be done in the minor treatment room — so again, having an OR was not a factor in attracting this important specialty.

All of these specialists take referrals from any family doctor on Salt Spring, not just those located at the Kings Lane clinic. These specialists are all private practice, fee-for-service doctors who come here by choice. This is not “outsourcing” by VIHA. We hope to attract even more specialists to Salt Spring in the future.

9. The monies that were being used for the general surgery program have been redirected to fund other important service priorities that were identified in the health services review.

In actual fact, we now have a social worker, a full-time physiotherapist, physio assistant and a psychiatric nurse. In addition, Lady Minto Hospital is getting a completely new paint job, renovations in Extended Care, has fabulous

new equipment for the ER purchased by the Lady Minto Hospital Foundation and a brand new set of x-ray machines.

So to summarize. First, the monies raised by the community and contributed by the Capital Regional District to build the OR and purchase equipment continue to benefit the community.

The OR is still here and is still very much in use. Nothing has been “sold off” and for anything of value that can no longer be used, we will endeavour to recapture some of that value.

Secondly, Lady Minto Hospital is not closing.

Finally — general surgical services at LMH are gone. They won't be coming back. Let's move on. The question before us is: what are the health care priorities for Salt Spring Island residents? A functional emergency room that sees somewhere around 10,000 patients per year, a functional lab that sees 15,000 patients per year, or an OR that served a hundred or so patients a year?

The 15 doctors that signed that letter have a strong sense of what they feel are the priorities.

The writer is chief of staff at Lady Minto Hospital.

http://www.bcclocalnews.com/vancouver_island_south/saltspringislanddriftwood/opinion/115649589.html